POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO								
Thereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).								
I hereby ap			ļ			***************************************		***************************************
Practitioners associated with the Customer Number:				97218				
OR								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):								
	Name					ame		Registration
			Nu	mber				Number
		00000000000000000000000000000000000000					*****	000000000000000000000000000000000000000

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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Tradernark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents								
attached to this form in accordance with 37 CFR 3.73(b).								
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:								
07040								
The address associated with Customer Number: 97218								
OR Firm	0.01							
Firm or Individual Name								
Address								
City			State			Zip	Zip	
Country								
Telephoi	elephone			Email			**	
Assignee Name and Address:								
American Power Conversion Corporation 132 Fairgrounds Road								
West Kingston, RI 02892								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be								
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of								
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.								
SIGNATURE of Assignes of Record								
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee								
Signature	Same of the State			(200000-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Date	4	12 11
Name	F/James	Coa				Telephon	e (978 670 2440
Title	Chief-Fat	ent Counsel - America	is			~	***************************************	***************************************